

TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NECESSARY, PLEASE EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO THE FUNERAL DIRECTOR. PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. RETAIN PAGE 5 FOR YOUR FILES. TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL/TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILED, WITHIN 72 HOURS, AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL CREMATION, OR REMOVAL.

MEDICAL CERTIFICATION

1- STATE
REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 14833

| | | | | | | | | | | | |
|--|------------------------------|---|--|--------------------------------------|---|---|-----------------------------------|---|---|----------|-------|
| 1. DECEASED NAME (TYPE OR PRINT) | | | FIRST | MIDDLE | LAST | 2a. DATE KNOWN OF DEATH MATED | MONTH | DAY | YEAR | 2b. HOUR | |
| Cortlandt Buckalew | | | | | | June 14 | 1979 | UNK | M | | |
| 3. SEX | 4. RACE | 5. DATE OF BIRTH MONTH DAY YEAR | 6. AGE (IN YEARS LAST BIRTHDAY) | IF UNDER 1 YR. | IF UNDER 24 HRS. | 2c. DATE PRONOUNCED DEAD | MONTH | DAY | YEAR | 2d. HOUR | |
| Male | Cau. | 9-18-11 | 67 yrs. | MONTHS | DAYS | Hours | MIN. | | | | |
| 7a. BIRTHPLACE (STATE OR FOREIGN COUNTRY) | 7b. CITIZEN OF WHAT COUNTRY? | 8. MARRIED WIDOWED | NEVER MARRIED DIVORCED | 9. BALTIMORE CITY OR COUNTY OF DEATH | | | | | | | |
| N.J. | U.S.A. | WIDOWED <input checked="" type="checkbox"/> | NEVER MARRIED <input type="checkbox"/> | Caroline | | | | | | | |
| 10. CITY OR TOWN OF DEATH | | | 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) | | | 12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) | | | 12b. KIND OF BUSINESS OR INDUSTRY | | |
| Marydel | | | Temple Rd. | | | Laborer | | | None | | |
| 13a. STATE Md. | | | 13b. COUNTY Caroline | | 13c. CITY OR TOWN Marydel | 13d. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 13e. STREET ADDRESS Temple Rd. | | | | |
| 14. FATHER'S NAME FIRST | | | MIDDLE | LAST | 15. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST | | | | | | |
| Ruben Buckalew | | | | | Mary Disbrow | | | | | | |
| 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) | | | 16b. SOCIAL SECURITY NO. | | 17. INFORMANT | | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH | | | |
| yes | | | WW 11 155-03-6219 | | Sandra States | | | ACUTE | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) | | | MYOCARDIAL INFARCTION | | | | | | | | |
| 4254 Conditions, if any, which gave rise to immediate cause (a) stating the under- lying cause last. | | | DUE TO, OR AS A CONSEQUENCE OF CARIDIOMYOPATHY | | | | | | chronic | | |
| (b) | | | (c) NUTRITIONAL DEFICITS | | | | | | chronic | | |
| PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). | | | | | | | | | | | |
| Chronic Alcoholism | | | | | | | | | | | |
| 19a. DATE OF OPERATION | | | 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? | | | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | |
| 21a. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH | | | 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 | | 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) | | | | | | |
| 21d. INJURY OCCURRED WHILE <input type="checkbox"/> NOT WHILE <input type="checkbox"/> AT WORK <input type="checkbox"/> AT WORK <input type="checkbox"/> | | | 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.) | | 21f. LOCATION STREET | | | CITY OR TOWN | COUNTY | STATE | |
| 22a. I certify that I took charge of the remains described above, held on death resulted from: Natural causes <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined manner <input type="checkbox"/> | | | | | | | | | | | |
| ACTUAL SIGNATURE Christian Jensen | | | TITLE (SPECIFY) M.D. | | | | | | MEDICAL EXAMINER | | |
| EXAMINER'S NAME (TYPE OR PRINT) | | | Christian Jensen | | | | | | Denton, Md. | | |
| 23a. BURIAL/CREMATION/REMOVAL (SPECIFY) | | | 23b. DATE | 23c. NAME OF CEMETERY OR CREMATORIAL | | | 23d. LOCATION CITY OR TOWN | | | COUNTY | STATE |
| Burial | | | 6-18-79 | Odd Fellows | | | Camden | | | Kent | Del. |
| 24. FUNERAL DIRECTOR NAME | | | 25a. DATE REC'D. BY REGISTRAR | | | | | | 25b. REGISTRAR'S SIGNATURE | | |
| Greensboro, Md. | | | JUN 19 1979 | | | | | | Larry McCreedy | | |
| BP | | | | | | | | | | | |
| DHMH - 17 (VR A15 ME (5)) 30M 7/73 | | | | | | | | | | | |

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TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NECESSARY, WRITING THE WORD 'PENDING' IN PENCIL IN ITEM 18 GIVE PAGES 1, 2, AND 3 TO THE FUNERAL DIRECTOR. PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN PAGE 5 FOR FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILED, WITHIN 24 HOURS, AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.

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STATE OF MARYLAND
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1 4 8 3 4
REG. NO.

| | | | | | | | | | | | | | | | | |
|---|------------------|---|---|----------------------------------|----------------------------------|---|---------------|-----------|---|------------------|--|--|--|-------------------|--|--|
| 1. DECEASED NAME (TYPE OR PRINT) | | | FIRST Nellie | MIDDLE May | LAST Jones | 2a. DATE KNOWN OF DEATH ESTI- MATED | MONTH JUNE | DAY 20 | YEAR 1979 | 24 HOUR 15:15 | | | | | | |
| 3. SEX Female | 4. RACE White | 5. DATE OF BIRTH MONTH DAY YEAR Dec. 12, 1902 76 yrs. | 6. AGE (IN YEARS LAST BIRTHDAY) 76 yrs. | 7. IF UNDER 1 YR. MONTHS 0 | 8. IF UNDER 24 HRS. DAYS 0 | 9. DATE PRONOUNCED DEAD | MONTH JUNE | DAY 20 | YEAR 1979 | 24 HOUR 5:20 | | | | | | |
| 7a. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland | | | 7b. CITIZEN OF WHAT COUNTRY? U.S.A. | | | 8. MARRIED WIDOWED DIVORCED | | | 9. BALTIMORE CITY OR COUNTY OF DEATH Caroline | | | | | | | |
| 10. CITY OR TOWN OF DEATH Preston | | | 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) R.D. #1, Box 185F | | | 12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Housewife | | | 12b. KIND OF BUSINESS OR INDUSTRY | | | | | | | |
| 13a. STATE Maryland | | | 13b. COUNTY Caroline | | | 13c. CITY OR TOWN Preston | | | 13d. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | 13e. STREET ADDRESS R.D. #1, Box 185F | | | | |
| 14. FATHER'S NAME FIRST Howard | | | MIDDLE H. | | | LAST Eason | | | 15. MOTHER'S MAIDEN NAME FIRST Ada | | | MIDDLE Grace | | | LAST Price | |
| 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) No | | | 16b. SOCIAL SECURITY NO. (IF YES, GIVE WAR OR DATES) 218-05-6851 | | | 17. INFORMANT Mrs. Louise B. Deshield | | | ADDRESS Rt# 4, Box | | | 147 | | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART 1 DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 410- Conditions, if any, which gave rise to immediate cause (a) stating the under- lying cause last. (b) Arteriosclerotic CVD DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF old History Acute & chronic altral Ulcer | | | | | | | | | | | | | | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH sec | |
| PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a). Possible Upper GI Malignancy Large mass uppper RT quadrant | | | | | | | | | | | | | | | 4-2 | |
| 19a. DATE OF OPERATION | | | 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | | | | | | | | |
| 21a. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH | | | 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 | | | 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) | | | | | | | | | | |
| 21d. INJURY OCCURRED WHILE <input type="checkbox"/> NOT WHILE <input type="checkbox"/> AT WORK <input type="checkbox"/> AT WORK <input type="checkbox"/> | | | 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.) | | | 21f. LOCATION STREET CITY OR TOWN COUNTY STATE | | | | | | | | | | |
| 22a. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> Inspection <input checked="" type="checkbox"/> Inquiry <input checked="" type="checkbox"/> and in my opinion death resulted from Natural causes <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined manner <input type="checkbox"/> | | | | | | | | | | | | | | | | |
| ACTUAL SIGNATURE <i>Harold B. Plummer</i> | | | | | | | | | | | | | | | TITLE (SPECIFY) M.D. Deputy MEDICAL EXAMINER | |
| EXAMINER'S NAME (TYPE OR PRINT) Harold B. Plummer M.D. | | | | | | | | | | | | | | | DATE SIGNED 6/22/79 | |
| 23a. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | | | 23b. DATE 6-23-79 | | | 23c. NAME OF CEMETERY OR CREMATORIAL Upper Bambury | | | 23d. LOCATION CITY OR TOWN Trappe | | | COUNTY Talbot | | STATE Maryland | | |
| 24. FUNERAL DIRECTOR NAME Newnam Funeral Home | | | ADDRESS 200 S. Harrison St. Easton, Maryland | | | 25a. DATE REC'D. BY REGISTRAR JUN 25 1979 | | | 25b. REGISTRAR'S SIGNATURE <i>Harold B. Plummer</i> | | | | | | | |
| DHMH-17 (VR A15 ME (5)) 30M 7/73 | | | | | | | | | | | | | | | | |

